



International  
Longevity Centre UK



Institute  
and Faculty  
of Actuaries

# **Towards a new vision for social care: policy solutions for an ageing population**

## **Discussion paper**

# Acknowledgements

This project has been supported by the Institute and Faculty of Actuaries (IFoA).



Thank you to the following experts who helped shape this paper:

- Abby Jitendra, Principal Policy Advisor, Joseph Rowntree Foundation
- Colin Slasberg, Social Care Consultant
- Deborah Sturdy OBE, Chief Nurse for Adult Social Care
- Helen Wildbore, CEO, Care Rights UK
- James Lloyd, Director of Policy and Communications, ARCO
- Jane Finnerty, Joint Chairman, Society of Later Life Advisers
- Mohamed Elsheemy, Member of the IFoA Social Care Working Party
- Nicola Ranger, CEO, Royal College of Nursing
- Simon Bottery, Senior Fellow, The King's Fund
- Stephen Burke, CEO, Hallmark Foundation
- Tom Kenny, Chair of the IFoA Social Care Working Party

## Executive summary

The UK is ageing rapidly. Today, 18% of our population is over the age of 65. By 2040, this will rise to nearly one in four, and one in seven will be over 75. As well as an ageing population, complex needs are increasing across the life course.

We know that without long-term reform, millions will be left without necessary support:

- Between 2018 and 2023, new requests for adult social care support increased from 1.8 million to over two million
- Yet the number of older people receiving publicly funded care has fallen by nearly 5% since 2015/6
- Two million older people and 1.5 million<sup>1</sup> working-age adults in England are not receiving the care and support they require
- The current system heavily depends on the goodwill of unpaid carers and is putting significant pressures on the NHS, both of which are unsustainable
- The annual contribution of unpaid carers now reaches £184 billion, comparable to the entire NHS budget. While unpaid carers are an essential part of the system, this dependence is unsustainable and risks deepening inequalities
- In 2022–23, an average of 13,000 hospital beds each day were occupied by patients medically fit to leave but unable to be discharged, often due to the absence of suitable care

Reforming the adult social care system is by no means a new topic – multiple attempts have been made, but these are too often derailed by political short-termism, piecemeal funding and fragmented provision. The upcoming Casey Review provides a fresh opportunity to think again about reform, to offer bold solutions that could gain genuine political traction across all major parties. In this context, we convened an expert roundtable to feed into the high-level options outlined in this paper, supported by a review of the literature.

We propose four reform options that the Casey Review could consider:

**Social care funding remains inconsistent and under pressure, with political short-termism undermining efforts for reform.** To address these challenges, we propose:

- **Funding reform:** Shift responsibility for funding social care to central Government to ensure consistency and ease pressure on local authorities

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<sup>1</sup> Based on a poll of self-reported needs

- **Fair access to support, regardless of age:** Invest more in community and home-based services, and standardise eligibility thresholds across age groups
- **Independent oversight:** Establish a statutory multi-year social care framework that requires governments to report on progress against clear targets including meeting unmet need, making policy reversals more difficult

**A number of factors have driven instability and shortages when it comes to the social care workforce.** Addressing this workforce crisis could be handled through:

- **Adequate collection and use of data:** Utilise existing workforce data from organisations like Skills for Care to monitor skills and retention, forecast future gaps, and guide recruitment and planning
- **Workforce strategy:** Professionalise the care workforce with standardised qualifications, clear pay scales, career pathways and retention incentives
- **Reform immigration laws:** Recognise social care as a sector with acute skills shortage sector, and ensure workforce planning, including immigration rules, support a sustainable workforce

**The care system relies heavily on unpaid carers and suffers from poor integration across health, social care, and voluntary services.** To better integrate services and support unpaid carers, we suggest:

- **Targeted support for carers:** Respite services and flexible support programmes should be expanded – including wider geographic coverage, tailored options for different caring situations and increased hours of provision – and local authority liaisons should assist with case management
- **National framework for carers:** A National Carers Strategy must be implemented to formalise the role of unpaid carers, set support standards, and ensure consistency nationwide
- **Work and finance:** Employment protection for carers should be strengthened through initiatives like paid carers leave, and the Carer's Allowance must be reformed to widen eligibility and reduce financial hardship
- **Partnership in care:** Carers must be recognised as formal partners in care planning, with access to training, guidance and shared records improving coordination across health, care, and voluntary services
- **Co-designed reform:** Service users should also be involved in reform, ensuring system improvements reflect lived experience

**The system is complex and unequal, leaving millions without necessary care.** To reduce disparities and improve navigation, we suggest:

- **Needs-based planning:** Government must build a central system to capture data on unmet and emerging care needs, service use and waiting times to guide fair resource distribution and reduce regional inequalities
- **National standards:** Enforce minimum standards across local authorities to reduce inequalities and improve consistency of care provision
- **Self-funding mechanisms:** Explore alternative funding options, such as long-term care insurance, which is in place in countries like Germany
- **Care navigation assistance:** Create a care guidance body, akin to the Pension Wise system, with dedicated navigation support for users and families; roll out public awareness campaigns; and standardise communication and transparency
- **Prioritise prevention:** Invest in and promote strategies that expand access to preventative interventions and support future planning

Taken together, implementing these recommendations would represent a step change in social care provision. They would ensure that care funding is treated as a national priority, that informal carers are recognised and supported as critical partners who are currently underpinning the system, and that access to formal care and support is fair and consistent across the country.

By embedding carers as partners, professionalising the workforce, and ensuring equitable access, the system can move beyond piecemeal reform towards genuine integration, meeting growing demand while protecting the wellbeing, independence, and financial security of those who rely on it.

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# Introduction

The UK's ageing population is reshaping the demand for care and support. Longer lives are a success story, but without a sustainable adult social care system, rising numbers of older people, disabled people, or people with other care needs will struggle to live with dignity and independence.

The UK's current adult social care system is under mounting strain. Longer lives and more complex needs mean a rise in care needs, but funding, access and staffing are not keeping pace. Age UK estimates that more than two million people aged 50 and over in England live with unmet care needs.<sup>1</sup> England's adult social care system costs £32 billion per year, equivalent to just over 1% of GDP.<sup>2</sup> While not high compared with health service spending or international peers, this spend is borne largely by local councils, contributing to heightened financial pressures.

This isn't a new problem. Governments have reviewed and discussed reforming care for decades, through commissions, consultations, and legislation, but progress has been slow and patchy. Persistent challenges remain: fragmented provision, uneven access, an understaffed workforce, and no stable, long-term funding model. An ageing population only magnifies these pressures, that successive reforms failed to resolve, turning long-standing weaknesses into urgent system-wide challenges.

This paper draws on a review of the literature and insights from an expert roundtable on the future of social care to explore bold options for reform. It focuses on five areas: funding and political will, workforce pressures, responsibility and integration, inequalities in access and provision, and improving navigation, access and prevention. It examines how these challenges drive unmet need and system inefficiencies and sets out potential policy solutions. The paper is framed in the context of the Casey Review, which provides an opportunity to rethink reform and identify solutions with genuine cross-party traction.

## The challenge

The UK's social care system is widely recognised as broken. Today, two million older people are living with unmet social care needs, while millions of unpaid carers provide support with little or no financial recognition or respite. Provision varies dramatically across the country, creating a postcode lottery in access and quality. There may be pockets of innovation and good practice, but overall, the system is fragmented, reactive, and failing to deliver the care people need. The consequences are severe: rising unmet need, mounting pressure on families and communities, and escalating costs for the NHS.

The pressures on the UK's social care system are being intensified by a demographic shift we have long seen coming. The UK is ageing; today, 18% of our population is over the age of 65.<sup>3</sup> By 2040, this will rise to nearly one in four, and one in seven will be over 75.<sup>4</sup> This isn't just about older adults – more working-age people are also living longer with disabilities, long-term conditions, and complex care needs.<sup>5</sup> Care reforms must account for care and support across the life course. Yet current provision remains fragmented, reactive, and often too little, too late – a pattern unlikely to withstand the demographic and fiscal pressures ahead. As the Institute and Faculty of Actuaries' (IFoA) 'Think' piece on the 'population implosion' demonstrates, ageing populations and lower birth rates will strain public spending, especially in health and social care.<sup>6</sup>

But reform has repeatedly stalled. Over the past five decades, several high-profile commissions – including the Griffiths Report (1988), the Royal Commission on Long Term Care (1999), and the Dilnot Commission (2011) – have consistently diagnosed the same structural weaknesses in adult social care and proposed ambitious reforms.<sup>7</sup> Many of these proposals have been delayed, diluted, or abandoned. For example, the capped-cost care model legislated in 2014 was postponed multiple times before being scrapped entirely in 2024.<sup>8</sup> Political attention has often been inconsistent, and implementation has been limited by funding shortfalls, workforce shortages, and fragmented governance. By contrast, other areas such as pensions have benefited from systems thinking and long-term planning; the Turner Commission, for example, set out reforms nearly two decades ago that built cross-party consensus and reshaped retirement provision for the long term. Adult social care similarly requires a settlement underpinned by evidence, consensus, and the political will to see reforms through over successive parliaments.

Integration between health and social care remains poor, despite social care's tight link with the NHS and its wider services. A broken adult social care system puts pressure on the NHS. In 2022–23, an average of 13,000 hospital beds each day were occupied by patients medically fit to leave but unable to be



discharged, often due to the absence of suitable care.<sup>9</sup> Backlogs, hospital waiting times, and unmet community needs all reflect a system under strain.

The costs of inaction in social care are mounting. By 2034/35, meeting even basic levels of need will require an additional £9.1 billion in annual funding, without factoring in improvements to quality or access.<sup>10</sup> Failure to meet social care needs fuels avoidable hospital admissions, reduces employment among working-age carers, and entrenches reliance on unpaid care. The value of unpaid care is now estimated at more than £184 billion per year<sup>11</sup> – comparable to the entire NHS budget – yet carers themselves often face financial hardship, stress, and ill health. By investing in social care, we can reduce unmet need, ease pressure on the NHS, and enable older adults and people with disabilities to live independent, healthy, and fulfilling lives.

# A new social contract for adult social care

## Funded nationally, delivered locally, accountable to all

Adult social care continues to face chronic financial pressures, limiting its ability to meet growing need. Despite nominal increases in funding, spending per person has effectively remained below 2009/10 levels, leaving the system underfunded relative to rising demand and demographic pressures.<sup>12</sup>

While the Government has promised additional funding to local authorities this year, the total budgets available still depend heavily on what councils can raise through local council tax alongside central allocations.<sup>13</sup> This creates significant variation between areas, with wealthier councils able to generate more local revenue. The current model – rising need partially met by short-term, piecemeal injections of funding – remains inconsistent, unsustainable and leaves councils overstretched, with uneven provision across the country.

For many councils, over half of their financial resources are now committed to sustaining local social care provision; in some, this number even reaches 70%.<sup>14</sup> The failure to address the broken social care system at a national level has compounded local financial pressures, reducing councils' ability to deliver other core services and invest in the preventative local infrastructure so important for health, wellbeing and growth.

**Policy solution:** Shift responsibility for funding social care to central government, ensuring it is treated as a national priority across Whitehall and freeing up local councils to focus on other core services and invest in local infrastructure

The squeeze on resources has also shaped who receives care. Eligibility thresholds have tightened, and although need is rising, the number of older people receiving publicly funded care has fallen by 4.8% since 2015/6. Funding is split relatively evenly between working-age adults and older people, but delivery models differ; older people are more likely to be placed in care homes, while working-age adults are more likely to access community-based support.<sup>15</sup> Without reform, demographic pressures will only widen these funding gaps, increasing unmet need.

**Policy solution:** Increase investment in community-based support for all ages, and review and standardise eligibility thresholds across all age groups to ensure fair access

These challenges reflect a longstanding inability of governments of all stripes to deliver meaningful reform. There is a long history of diagnosis and

recommended reform, but successive governments have failed to act decisively. Past efforts have too often been derailed by political short-termism, fiscal caution, and the churn of electoral cycles – these challenges are highlighted in the IFoA's policy prospectus *Beyond the Next Parliament*, which calls for a shift toward longer-term policymaking in areas like social care.<sup>16</sup>

Delivery remains fragmented, access varies widely, and long-term investment has never materialised at scale. Breaking this cycle requires more than money; it requires a durable political settlement that secures long-term, sustainable funding, provides clarity for users and their families, and embeds social care as a pillar of healthy ageing.

**Policy solution:** Establish a statutory multi-year social care framework that requires governments to report on progress against targets, including levels of unmet need, making policy reversals more difficult

## Build and sustain a professional care workforce

The chronic underfunding of social care is directly contributing to the workforce crisis. There are 111,000 vacancies in the care sector – which is about 7% of all roles<sup>17</sup> – and a high staff turnover due to low pay, limited career progression and challenging working conditions.<sup>18</sup> In fact, 75% of care workers are paid less than the real Living Wage. Experienced staff don't earn much more than new staff, and training opportunities are patchy and limited,<sup>19</sup> all of which makes it difficult to build a professionalised, stable workforce.

**Policy solution:** Utilise existing workforce data from organisations like Skills for Care to monitor skills and retention, forecast future gaps, and guide recruitment and planning

The pressures run deeper than wages and training. Care work is a physically and emotionally demanding job, with staff reporting burnout, stress, and a lack of recognition.<sup>20</sup> Fragmented roles and unclear career pathways push workers to move between agencies, undermining continuity of care for users and their families.<sup>21</sup> The lack of a national settlement for social care, unlike the NHS, means the sector has never been politically or financially equipped to make long-term workforce planning possible.

**Policy solution:** Create a National Care Workforce Strategy that professionalises the workforce, introducing standardised qualifications, pay scales and career pathways, as well as retention incentives, particularly in underserved areas

Demographic and political challenges compound this problem. Around 26% of care workers in England are non-UK nationals – in fact, over the last three years the number of non-British nationals working in the care sector has more than doubled – yet recent immigration reforms on higher salary thresholds and visa restrictions risk cutting off a vital supply of labour.<sup>22</sup> If nothing changes, meeting future demand could require at least 540,000 additional care workers by 2040, on top of today's shortages.<sup>23</sup> Without substantial investment in the workforce and recognition of the essential role of migrant workers, the social care system will continue to fall short of meeting demand.

**Policy solution:** Recognise social care as a sector with acute skills shortages and ensure workforce planning – including immigration policy – supports the sector's short to long-term sustainability and quality

## Support carers and drive coordinated health and care

Behind the visible crisis in formal care lies an equally profound challenge: the reliance on unpaid carers. An estimated 5<sup>24</sup> to 10<sup>25</sup> million people across the UK provide unpaid care support to a family member, friend or neighbour with little to no formal support. As unmet need grows and the paid care workforce shrinks, the reliance on unpaid carers will only stretch further.

**Policy solution:** Expand targeted support for carers, including respite care, flexible support programmes, case management and local authority liaisons

Many carers themselves are ageing – 60% of unpaid carers across England and Wales are over the age of 50.<sup>26</sup> 1.2 million of these older carers say their own health has deteriorated as they balance supporting partners, family or friends with managing their own health conditions.<sup>27</sup> Other carers – a total of 2.4 million across the UK – are 'sandwich carers', balancing parenting responsibilities and care for ageing relatives.<sup>28</sup> Caring is not a light load to carry – unpaid carers report higher levels of stress, anxiety and depression,<sup>29</sup> are more likely to experience financial security, and more likely to work fewer hours or exit the workforce altogether.<sup>30</sup> In fact, 2.6 million people, which is equivalent to 600 people every day, have quit their job to care for a loved one,<sup>31</sup> and one in four people have taken lower-paying roles as a result of their caring responsibilities.<sup>32</sup> This undermines their own long-term health and financial stability.

**Policy solution:** Strengthen employment protections for unpaid carers, including options such as paid carers leave or extended leave for young people leaving the care system

The economic contribution of unpaid care is enormous; in 2022, the value of unpaid care was £184 billion, equivalent to the entire NHS budget.<sup>33</sup> But this

contribution is largely taken for granted, with limited recognition, support or respite provided. Policy mechanisms like the Carer's Allowance do exist, but they are inadequate; eligibility is narrow, payments are meagre (just £83.30 per week),<sup>34</sup> and rules actively discourage carers from remaining in work. Instead of alleviating hidden pressures, the system often compounds them.

**Policy solution:** Reform the Carer's Allowance to increase financial support and widen eligibility, ensuring carers are not substantially financially penalised for working as well as caring

Informal carers are critical pillars of the care system. Without their contributions, the formal system would likely collapse under levels of unmet need and workforce shortages, but families and communities filling these large gaps is also unsustainable and comes at the expense of their own mental, physical and financial health and wellbeing. On top of including carers in planning and reform, improving access to social care requires embedding the voices of service users themselves. Often, reforms are a top-down effort, without recognising the expertise of those with a lived experience of navigating the system. Co-producing reform with service users can help ensure that the system is clear, relevant and user-friendly.

**Policy solution:** Recognise carers as formal partners in care planning and decision-making, ensuring they receive any necessary training, guidance and practical support

**Policy solution:** Produce reforms with service users, ensuring guidance, support and service design reflect lived experience

A lack of integration across health, social care, and voluntary sectors intensifies this burden. Integrated Care Systems (ICSs) and local authorities are intended to coordinate services, but in practice, responsibilities are often unclear, budgets are siloed, and communication between agencies is limited.<sup>35, 36</sup> Patients may experience repeated assessments, conflicting care plans, and delayed access to services, while carers must navigate complex bureaucracies alone.<sup>37</sup> Social care and community health services are frequently poorly aligned with hospital or primary care, meaning that support stops at the point of discharge or referral.<sup>38</sup>

Some areas, such as Greater Manchester, have made progress through the Greater Manchester Care Record and the My GM Care app,<sup>39</sup> which provide shared digital records and joint care plans across health, social care, and voluntary services,<sup>40</sup> demonstrating how integration can improve coordination and reduce administrative burdens.

**Policy solution:** Expand shared digital records and joint care planning nationally, building on Greater Manchester's model, supported by long-term funding and oversight to ensure sustainable coordination across health, social care, and voluntary services

This fragmentation has direct consequences: carers are left to manage medication, appointments, and care coordination themselves;<sup>41</sup> older adults risk gaps in care or avoid seeking help;<sup>42</sup> and inequalities deepen, as families with fewer resources bear a disproportionate burden.<sup>43</sup> Without clear integration, care is reactive rather than preventative, and system pressures are simply passed onto unpaid carers.

Addressing this challenge requires genuine integration and shared responsibility. Health, social care, and voluntary support systems must recognise unpaid carers as essential partners, include them in care planning, and provide financial, practical, and emotional support. Clear accountability between health services, local authorities, and voluntary organisations is critical to ensure that care responsibilities are distributed fairly, unmet needs are met, and carers are not expected to shoulder the system's failures. Only by embedding carers into a coordinated system of support can the full pressures of ageing, illness, and disability be managed sustainably and equitably.

**Policy solution:** Develop a National Carers Strategy that formalises the role of unpaid carers, sets standards for support and ensures consistent implementation across all areas

## Reducing inequalities in access and provision

Access to social care is profoundly unequal, and these inequities will only deepen as demand rises with an ageing population.

The quality and level of care provision heavily depend on geography and wealth, creating a 'postcode lottery'. In 2023, 58% of requests for local authority-funded care were declined, but rejection rates ranged from 46% in the North East to 68% in the West Midlands, with equally stark variation across London boroughs. Funding disparities mean an older person in the East of England is six times more likely to receive fully funded care than someone in the North East,<sup>44</sup> reflecting stark regional differences in local authority budgets and eligibility thresholds, which disproportionately affect people in lower-income areas.

**Policy solution:** Establish a set of minimum standards to reduce inequalities and create a more consistent baseline of support

**Policy solution:** Develop a centralised data system to capture unmet care needs nationally and locally, giving policymakers a clear picture of latent demand and helping to distribute resources effectively and fairly

Beyond geography, financial thresholds exclude many. Anyone with savings above £23,250 must fund care in full,<sup>45</sup> leaving those with modest assets ineligible for support yet unable to meet costs comfortably. With care costs unpredictable and potentially catastrophic, families face significant financial risk simply because a loved one develops care needs.

In fact, around 40% of care home residents are self-funders. These individuals are essentially propping up the system, cross-subsidising care for others because local authorities often pay less than private fees. Yet their contribution is rarely acknowledged, allowing governments to defer reform while families face both financial and emotional burdens.<sup>46</sup>

Other countries have had better approaches to reducing risk and increasing fairness. In Germany, for example, mandatory long-term care insurance is part of the social insurance system. All employees and employers contribute, providing a predictable funding base and ensuring individuals have coverage regardless of personal savings.<sup>47</sup>

<b>Policy solution:</b> Explore alternative funding options such as mandatory long-term care insurance schemes for social care, as operated in Germany
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## Improving access, navigation and prevention

Many people who need care simply aren't receiving it. In 2024, Age UK estimated that two million older people have unmet care needs.<sup>48</sup> Individuals over the age of 80 are disproportionately affected, with over one in four experiencing unmet care needs. In addition to older people, it is estimated that a further 1.5 million<sup>2</sup> working-age adults are eligible for care but not receiving it.<sup>49</sup> In fact, over half of all requests for local authority-funded support end with no formal provision or even signposting.<sup>50</sup> And many more individuals have never even undergone a formal needs assessment, leaving them without the necessary support.

Unlike the NHS, where entitlements are widely understood, social care remains opaque and poorly communicated.<sup>51</sup> Most families only encounter the system in crisis, with little time to navigate complex eligibility rules or understand local authority responsibilities. People often assume that, like the NHS, care will be free at the point of use, only to face unexpected costs. Others are unaware of what local authorities provide, and what preventative or voluntary-sector services are available that could prevent or delay more intensive care needs.

While health and social care are separate, siloed systems in practice, for individuals and families these needs often coexist. Dementia is a clear example;

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<sup>2</sup> Based on a poll of self-reported needs

although it is primarily supported through adult social care, families may reasonably assume that, because it has health impacts, help will be available via the NHS. In reality, navigating these two systems can be confusing, and eligibility for social care often determines whether someone receives the support they need.

**Policy solution:** Establish a PensionWise-style guidance system with care navigation support

**Policy solution:** Utilise existing plans under the 2014 Care Act to roll out a national public awareness campaign about the rights and responsibilities linked to adult social care

There is also a major challenge surrounding data. Official figures only count people who have undergone a formal needs assessment, missing the large numbers who never reach that stage. Some local authorities even report that “all needs are being met” despite strong evidence to the contrary. Meanwhile, people are left to rely on unpaid carers, informal help, or go without basic daily support. The result is increased risks of falls, avoidable hospital admissions, and a loss of independence – outcomes which drive higher demand on the NHS and other public services.<sup>52</sup> This mismeasurement masks the true scale of demand, leaving policymakers without a clear picture of where resources are most needed. The aforementioned policy solution on a centralised data system must take these challenges into account.

People should also be empowered to navigate care and prevention confidently. Low public awareness about social care and limited availability of preventative services contribute to crises when people first need support and increase future demand for more intensive health and care provision. Like care, the availability of these preventative services is also uneven, depending heavily on local authority capacity and resources, which reinforces inequalities and highlights the limits of the current system. That is despite the fact that investing in prevention would save £3.17 for every £1 spent.<sup>53</sup>

**Policy solution:** Invest in and promote national and local strategies that expand access to preventative interventions and support future planning (such as mid-life MOTs), helping to delay or reduce the need for more intensive health and social care.

The consequences of the current system are profound. Many people are left uncertain, unsupported, and financially exposed. Access to services varies widely by area and depends on a combination of local provision, personal financial resources, and social support from family or friends, leaving some people without the care they need. This patchwork approach entrenches inequalities and undermines public trust, making it harder to build political support for reform.



**Policy solution:** Nationally standardise communication and transparency measures so that all applications receive clear guidance and effective signposting

# Towards a new social care model

Adult social care stands at a critical crossroads. To build a financially sustainable, person-centred system, the UK needs a clear vision backed by decisive, long-term commitment from Government and other stakeholders. This means investing adequately in the workforce, ensuring equitable access to care regardless of location or means, and embracing innovation to improve coordination, quality and outcomes.

The challenges facing social care are significant, but they are not insurmountable. Understanding the pressures of demographic change, fragmented services, and historical barriers to reform allows us to focus on practical, achievable solutions. Reforming adult social care is a shared responsibility that requires commitment from government, communities, and individuals alike. It calls for a new social contract – a partnership where government guarantees sustainable, equitable care, and individuals are empowered to participate in decisions about their support.

This paper has presented a series of policy solutions to address specific challenges across five key areas.

## **To address challenges concerning funding and political will:**

Funding of social care should be firmly shifted to central government to ensure consistency and relieve pressure on local authorities, while access to community and home-based services – including domiciliary care and respite for unpaid carers – must be increased and eligibility thresholds standardised. A statutory multi-year social care framework would provide independent oversight, requiring governments to report on progress and making policy reversals more difficult.

## **To support a sustainable, professional workforce:**

The care workforce should be professionalised with standardised qualifications, pay scales, career pathways, and retention incentives. Data from organisations such as Skills for Care should be used to monitor workforce trends, forecast gaps, and guide recruitment. Policymakers must acknowledge the acute skills shortage in the social care sector, and should also be recognised as a skills shortage sector, with immigration rules adjusted to sustain a reliable workforce.

## **To clarify responsibility across all actors, and integration with other services:**

A national carers strategy should formalise their role, set support standards, and ensure nationwide consistency. Targeted initiatives – including expanded respite, flexible support, paid carers leave, and reforms to Carer's Allowance – would reduce financial hardship and stress, while recognising carers as formal partners in care planning, with access to training, guidance, and shared records.

### **To simplify a complex system, reduce inequalities and improve navigation:**

A centralised system capturing data on unmet and emerging care needs, service use, and waiting times should guide resource allocation and reduce regional disparities. Minimum national standards across local authorities are required to ensure consistent levels of care, while alternative funding options, such as long-term care insurance, should be explored to reduce financial risk for families. Care navigation support, including guidance bodies and public awareness campaigns, must be strengthened, alongside investment in preventative strategies and mid-life planning interventions to delay or reduce the need for more intensive health and social care.

### **A system-wide imperative:**

Timely and effective reform is essential to ensure that social care can meet the diverse needs of everyone who relies on it, strengthen independence, and secure the wellbeing of current and future generations. By fostering engagement, strengthening accountability, and investing in prevention, these measures aim to create a system that supports older adults, carers, and communities more effectively. The UK now has the opportunity – and the imperative – to act decisively, joining together government, communities, and individuals in a new social contract for adult social care.

The upcoming Casey Review provides a critical opportunity to deliver meaningful reform. By considering these ideas and building on the evidence and principles set out in this paper, government, communities, and individuals can work together to strengthen independence, reduce inequalities, and ensure that adult social care meets the needs of current and future generations. Acting decisively now will help secure a more sustainable, equitable, and coordinated system for everyone who relies on it.

# References

- <sup>1</sup> Age UK, 2024. *2 million older people now have some unmet need for social care*. Available: <https://www.ageuk.org.uk/latest-press/articles/2-million-older-people-now-have-some-unmet-need-for-social-care/>
- <sup>2</sup> The King's Fund, 2025. *Key facts and figures about adult social care*. Available: <https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/key-facts-figures-adult-social-care>
- <sup>3</sup> Centre for Ageing Better, 2025. *The State of Ageing 2025*. Available: <https://ageing-better.org.uk/our-ageing-population-state-ageing-2025>
- <sup>4</sup> Government Office for Science, 2016. *Future of an Ageing Population*. Available: <https://assets.publishing.service.gov.uk/media/5d273adce5274a5862768ff9/future-of-an-ageing-population.pdf>
- <sup>5</sup> Department for Work & Pensions, 2025. *The employment of disabled people 2024*. Available: <https://www.gov.uk/government/statistics/the-employment-of-disabled-people-2024/the-employment-of-disabled-people-2024>
- <sup>6</sup> Grenham, D., 2025. *The population implosion: what choices do we have?*. Available: <https://actuaries.org.uk/document-library/thought-leadership/think-thought-leadership-series/think-issue-9-the-population-implosion-what-choices-do-we-have/>
- <sup>7</sup> The King's Fund, 2023. *A history of social care funding reform in England: 1948 to 2023*. Available: <https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/short-history-social-care-funding>
- <sup>8</sup> The King's Fund, 2023. *A history of social care funding reform in England: 1948 to 2023*. Available: <https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/short-history-social-care-funding>
- <sup>9</sup> The Health Foundation, 2023. *Why are delayed discharges from hospital increasing? Seeing the bigger picture*. Available: <https://www.health.org.uk/reports-and-analysis/analysis/why-are-delayed-discharges-from-hospital-increasing-seeing-the-bigger>
- <sup>10</sup> The Health Foundation, 2025. *Extra £3.4bn needed to save adult social care services from decline*. Available: <https://www.health.org.uk/press-office/press-releases/extra-34bn-needed-to-save-adult-social-care-services-from-decline>
- <sup>11</sup> Carers UK, 2024. *Valuing carers*. Available: <https://www.carersuk.org/reports/valuing-carers/>
- <sup>12</sup> The Health Foundation, 2024. *Social care funding*. Available: <https://www.health.org.uk/reports-and-analysis/analysis/social-care-funding>
- <sup>13</sup> The Health Foundation, 2024. *Social care funding*. Available: <https://www.health.org.uk/reports-and-analysis/analysis/social-care-funding>
- <sup>14</sup> UK Parliament, 2025. *The Funding and Sustainability of Local Government Finance: Second Report of Session 2024–25*. Available: <https://publications.parliament.uk/pa/cm5901/cmselect/cmcomloc/514/report.html>
- <sup>15</sup> The King's Fund, 2025. *Key facts and figures about adult social care*. Available: <https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/key-facts-figures-adult-social-care>
- <sup>16</sup> Institute and Faculty of Actuaries, 2023. *Beyond the next Parliament: The case for long-term policymaking*. Available: <https://actuaries.org.uk/beyond-the-next-parliament/>
- <sup>17</sup> Skills for Care, 2025. *Vacancy rates in social care return to pre-Covid levels*. Available: <https://www.skillsforcare.org.uk/news-and-events/news/vacancy-rates-in-social-care-return-to-pre-covid-levels>
- <sup>18</sup> Health and Social Care Committee, 2022. *Workforce: recruitment, training and retention in health and social care*. Available: <https://committees.parliament.uk/publications/23246/documents/171671/default/>
- <sup>19</sup> Health and Social Care Committee, 2022. *Workforce: recruitment, training and retention in health and social care*. Available: <https://committees.parliament.uk/publications/23246/documents/171671/default/>
- <sup>20</sup> Ratcliff, M., 2024. *Social workers, burnout and self-care*. Available: <https://pmc.ncbi.nlm.nih.gov/articles/PMC10987033/>

- 
- <sup>21</sup> UK Parliament, 2022. *Workforce: recruitment, training and retention in health and social care*. Available: <https://publications.parliament.uk/pa/cm5803/cmselect/cmhealth/115/report.html>
- <sup>22</sup> Skills for Care, 2024. *Workforce nationality and international recruitment*. Available: <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/publications/Topics/Workforce-nationality-and-international-recruitment.aspx>
- <sup>23</sup> Skills for Care, 2024. *A workforce strategy for adult social care in England*. Available: <https://www.skillsforcare.org.uk/Workforce-Strategy/Overview/Executive-summary.aspx>
- <sup>24</sup> Carers UK, 2025. *Key facts and figures about caring*. Available: <https://www.carersuk.org/policy-and-research/key-facts-and-figures/>
- <sup>25</sup> Carers UK, 2024. *Carers Week 2024 report launches*. Available: <https://www.carersuk.org/press-releases/carers-week-2024-report-launches/>
- <sup>26</sup> The Health Foundation, 2023. *Understanding unpaid carers and their access to support*. Available: <https://www.health.org.uk/reports-and-analysis/analysis/understanding-unpaid-carers-and-their-access-to-support>
- <sup>27</sup> Age UK, 2023. *1.2m unpaid carers aged 50+ say their health has deteriorated over the last 12 months*. Available: <https://www.ageuk.org.uk/latest-press/articles/2023/1.2m-unpaid-carers-aged-50-say-their-health-has-deteriorated-over-the-last-12-months/>
- <sup>28</sup> Hospice UK, 2025. *Sandwich carers: what are they – and are you one of them?* Available: <https://www.hospiceuk.org/latest-from-hospice-uk/sandwich-carers-what-are-they-are-you-one>
- <sup>29</sup> Hospice UK, 2025. *Sandwich carers: what are they – and are you one of them?* Available: <https://www.hospiceuk.org/latest-from-hospice-uk/sandwich-carers-what-are-they-are-you-one>
- <sup>30</sup> Carers UK, 2024. *Poverty and financial hardship of unpaid carers in the UK*. Available: [https://www.carersuk.org/media/dnxerxqv/poverty\\_financial\\_hardship\\_uk\\_web.pdf](https://www.carersuk.org/media/dnxerxqv/poverty_financial_hardship_uk_web.pdf)
- <sup>31</sup> Carers UK, 2025. *Key facts and figures about caring*. Available: <https://www.carersuk.org/policy-and-research/key-facts-and-figures/>
- <sup>32</sup> Carers UK, 2025. *Unpaid carers urgently need more support to balance paid work with caring*. Available: <https://www.carersuk.org/press-releases/unpaid-carers-urgently-need-more-support-to-balance-paid-work-with-caring/>
- <sup>33</sup> Carers UK, 2024. *Valuing carers*. Available: <https://www.carersuk.org/reports/valuing-carers/>
- <sup>34</sup> Gov.uk, 2025. *Carer's allowance*. Available: <https://www.gov.uk/carers-allowance>
- <sup>35</sup> Gongora-Salazar, P., et al., 2022. *Commissioning [Integrated] Care in England: An Analysis of the Current Decision Context*. Available: <https://ijic.org/articles/10.5334/ijic.6693>
- <sup>36</sup> White Tail Consulting, 2024. *Joined up data, joined up care*. Available: <https://understandingpatientdata.org.uk/sites/default/files/2024-06/UPD%20ICS%20Data%20report%20final.pdf>
- <sup>37</sup> Gregory, A., 2025. *England's 'complex' health and care system harming patients, report says*. Available: <https://www.theguardian.com/society/2025/apr/10/englands-complex-health-and-care-system-harming-patients-report-says>
- <sup>38</sup> King's Fund, 2021. *Admin matters: the impact of NHS administration on patient care*. Available: <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/admin-matters-nhs-patient-care>
- <sup>39</sup> Haughton Thornley Medical Centres, 2025. *Greater Manchester Care Record and "MyGM Care" app*. Available: <https://www.htmc.co.uk/greater-manchester-care-record/>
- <sup>40</sup> NHS Greater Manchester. *GM Care Record*. Available: <https://gmwearebettertogether.com/>
- <sup>41</sup> Joseph Rowntree Foundation, 2025. *Moving in circles: supporting carers navigating the care system*. Available: <https://www.jrf.org.uk/care/moving-in-circles-supporting-carers-navigating-the-care-system>
- <sup>42</sup> Age UK, 2024. *2 million older people now have some unmet need for social care*. Available: <https://www.ageuk.org.uk/latest-press/articles/2-million-older-people-now-have-some-unmet-need-for-social-care/>
- <sup>43</sup> Joseph Rowntree Foundation, 2025. *Care*. Available: <https://www.jrf.org.uk/care>
- <sup>44</sup> Samuel, M., 2024. *'Massive postcode lottery' in access to adult social care revealed by data, say charities*. Available: <https://www.communitycare.co.uk/2024/08/07/massive-postcode-lottery-in-access-to-adult-social-care-revealed-by-data-say-charities/>

- 
- <sup>45</sup> NHS, 2022. *Paying for your own care (self-funding)*. Available: <https://www.nhs.uk/social-care-and-support/money-work-and-benefits/paying-for-your-own-care-self-funding/>
- <sup>46</sup> Bridgehead, 2025. *"Self-funders are effectively propping up the system" - Head of the International Longevity Centre*. Available: <https://bridgeheadcommunications.com/insights/2025/08/20/self-funders-are-effectively-propping-up-the-system-head-of-the-international-longevity-centre>
- <sup>47</sup> Geraedts, M., et al., 2000. *Germany's Long-Term-Care Insurance: Putting a Social Insurance Model into Practice*. Available: <https://pmc.ncbi.nlm.nih.gov/articles/PMC2751163/>
- <sup>48</sup> Age UK, 2024. *2 million older people now have some unmet need for social care*. Available: <https://www.ageuk.org.uk/latest-press/articles/2-million-older-people-now-have-some-unmet-need-for-social-care/>
- <sup>49</sup> Healthwatch, 2024. *Up to 1.5 million disabled people could be missing out on social care support*. Available: <https://www.healthwatch.co.uk/news/2024-07-16/15-million-disabled-people-could-be-missing-out-social-care-support>
- <sup>50</sup> The King's Fund, 2025. *Key facts and figures about adult social care*. Available: <https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/key-facts-figures-adult-social-care>
- <sup>51</sup> Research in Practice, 2025. *Systems and their barriers*. Available: <https://rip-micro4-live.digitalconnect.co.uk/adults/content-pages/open-access-resources/a-brighter-social-care-future-co-producing-the-evidence-to-make-five-key-changes/leading-the-lives-we-want-to-live/systems-and-their-barriers/>
- <sup>52</sup> Healthwatch, 2024. *Missing millions: Exploring unmet social care need for disabled adults*. Available: <https://www.healthwatch.co.uk/report/2024-07-16/missing-millions-exploring-unmet-social-care-need-disabled-adults>
- <sup>53</sup> Local Government Association, 2024. *Investing in preventative support can save more than £3 for every pound spent*. Available: <https://www.local.gov.uk/about/news/investing-preventative-support-can-save-more-ps3-every-pound-spent>

## About the ILC

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ILC is the UK's leading authority on the impact of longevity on society. We combine evidence, solutions and networks to make change happen.

We help governments, policy makers, businesses and employers develop and implement solutions to ensure we all live happier, healthier and more fulfilling lives. We want a society where tomorrow is better than today and where future generations are better off.

ILC wants to help forge a new vision for the 100-year life, where everyone has the opportunity to learn throughout life, and where new technology helps us contribute more to society.

### **About the IFoA**

The Institute and Faculty of Actuaries (IFoA) is the UK's only chartered professional body dedicated to educating, developing, and regulating actuaries based both in the UK and internationally. The IFoA regulates and represents over 34,000 members worldwide.

### **About the actuarial profession**

Actuaries are big-picture thinkers who use mathematical and risk analysis, behavioural insight and business acumen to draw insight from complexity. Our rigorous approach and expertise help the organisations, communities and governments we work with to make better-informed decisions. In an increasingly uncertain world, it allows them to act in a way that makes sense of the present and plans for the future.

### **About collaborative insights**

The IFoA collaborates with a wide range of organisations to conduct research and provide policy insights across a broad range of topics through an actuarial lens to inform public policy. By combining actuarial expertise with the diverse perspectives of our partners, we aim to deliver insightful, evidence-based policy and thought leadership in the public interest.